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CONFIRMATION NO. 4949

SERIAL NUMBER 10/525,271	FILING OR 371(c) DATE 09/15/2005 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 7100.204-US
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US03/26591 08/25/2003 which claims benefit of 60/405,388 08/23/2002

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 0	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>PS</i>	Initials		

ADDRESS

23650

TITLE

Method for treating inflammatory bowel disease

FILING FEE RECEIVED 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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